In re Application of:

HAJIME YAMAMOTO, et al.

Application No.: 09/132,746

Filed: August 12, 1998

For: FIBROUS MATERIAL, PRODUCTION PROCESS OF THE FIBROUS MATERIAL, INK-ABSORBING

MEMBER, TREATING PROCESS OF THE INK-ABSORBING MEMBER, INK TANK CONTAINER

AND INK CARTRIDGE

Docket No. 3500.012902

Examiner: J. Guarriello

Group Art Unit: 1771

Date: February 18, 2003

RECEIVED

MAK 0 3 2003

GROUP 1700

COMMISSIONER FOR PATENTS Washington, D.C. 20231

Sir:

Transmitted herewith is an amendment in the above-identified application.

No additional fee is required.

The fee has been calculated as shown below

| | | CL | AIMS AS AMENI | DED | | |
|--|--------------------------------------|-------|--|-------------------------|----------------|-------------------|
| | (2) CLAIMS REMAINING AFTER AMENDMENT | | (4) HIGHEST NO. PREVIOUSLY PAID FOR | (5) PRESENT EXTRA | RATE | ADDITIONAL FEE |
| TOTAL CLAIMS | * 63 | MINUS | ** 196 | = | x \$9 \$18 | -0- |
| INDEP. CLAIMS | * 7 | MINUS | *** | = | x \$42 \$84 | -0- |
| Fee for Multiple Dependent claims \$140°/\$280 | | | | | | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | -0- | |

If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

| °Verified Statement claiming small entity status is enclosed, if not filed previously. |
|--|
| A check in the amount of \$ is enclosed. |



GROUP 1700

| | Charge \$ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed. |
|---|---|
| X | Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed. |
| X | A check in the amount of \$\frac{110.00}{} to cover the fee for a <u>one</u> month extension is enclosed. |
| | A check in the amount of \$ to cover the Information Disclosure Statement fee is enclosed. |
| X | Applicants' undersigned attorney may be reached in our Costa Mesa office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below. |
| | Respectfully submitted, |
| | Attorney for Applicants |
| | Registration No. 32622 |

FITZPATRICK, CELLA, HARPER & SCINTO 30 Rockefeller Plaza New York, New York 10112-3801 Facsimile: (212) 218-2200